

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

Uniform Complaint Form Instructions

Pursuant to Section 455.225, Florida Statutes, a complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the Department, or of any rule adopted by the Department or a regulatory board in the Department, has occurred. The Department may investigate, and the Department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion.

Please provide all relevant documentation that supports your complaint with this form. No investigation of your complaint can begin until you provide all relevant information and documentation to the Department. Failure to provide this information may result in further requests for information and delay the investigation of your complaint.

Relevant documentation includes, but is not limited to, copies of the following, as applicable:

- Contracts/ Proposals
- Invoices
- Proof of Payment
- Advertisements
- Correspondence
- Authorization for Release of Patient Information Form (Vets)
- Community Association Manager (CAM) Meeting Minutes
- Management Contract (CAM)
- Covenants and By-laws (CAM)
- Building Permit (Electrical and Construction)
- Lien(s) (Electrical and Construction)

Please send legible copies of your supporting documents. We are unable to return original documents to you.

Should additional documentation be requested and not received by this Department within 30 days of the request, the file may be closed.

If an investigation of any subject is undertaken, the Department will furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation.

Pursuant to Chapter 455, Florida Statutes, the complaint and all information obtained pursuant to the investigation by the Department are confidential and exempt from public records requests until 10 days after probable cause is found to exist, or until the subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. However, the exemption does not apply to actions against unlicensed persons or unless otherwise provided by law.

Investigations differ in complexity and duration, so providing a time of completion is not possible. We appreciate your cooperation and understanding in this matter.

PRIVATE ATTORNEY FOR COMPLAINANT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

SUBJECT OF COMPLAINT				
Last Name	First	Middle	Title	Suffix
License Number (if known)				
Company/Occupation				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

PRIVATE ATTORNEY FOR SUBJECT OF COMPLAINT (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

WITNESS (IF APPLICABLE)				
Last Name	First	Middle	Title	Suffix
ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Alternate Phone Number		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Sign Here: _____ Date: _____

Please mail the completed Uniform Complaint Form to the appropriate address below:

Board of Accountancy
240 N.W. 76th Drive, Suite A
Gainesville, Florida 32607

Division of Real Estate
400 Robinson Street
Orlando, Florida 32801

For the following professions:

Architecture & Interior Design
Asbestos Contractors and Consultants
Athlete Agent
Auctioneers
Barbers
Boxing, Kick Boxing and Mixed Martial Arts
Building Code Administrators & Inspectors
Child Labor
Community Association Managers and Firms
Construction Industry
Cosmetology
Electrical Contractors
Employee Leasing Companies
Farm Labor
Geologists
Harbor Pilots
Home Inspectors
Labor Organizations
Landscape Architecture
Mold-Related Services
Talent Agencies
Veterinary Medicine

Please mail the completed Uniform Complaint form

to: Department of Business and Professional
Regulation
Division of Regulation/Compliance -Consumer
Services
1940 North Monroe Street
Tallahassee, Florida 32399-0782